

**MARKED-UP COPY OF  
APPLICATION DATA SHEET**

Electronic Version v14  
Stylesheet Version v14.0

<b>Title of Invention</b>	SURGICAL CLAMPS	
Application Type:	regular, utility	
Attorney Docket Number:	3029-086/NP	
Correspondence address:		
<b>Customer Number:</b>	27572	*27572*
Continuing Data:		
This is a National Stage of WO application number PCT/AU2002/000996, filed 2002-07-26.		
Inventors Information:		
<b>Inventor 1:</b>		
<b>Applicant Authority Type:</b>	Inventor	
<b>Citizenship:</b>	AU	
<b>Given Name:</b>	Alistair	
<b>Family Name:</b>	ROYCE <u>ROYSE</u>	
<b>City of Residence:</b>	Eltham	
<b>Country of Residence:</b>	AU	
<b>Address-1 of Mailing Address:</b>	18 Haldane Road	
<b>Address-2 of Mailing Address:</b>		
<b>City of Mailing Address:</b>	Eltham, Victoria	
<b>State of Mailing Address:</b>		
<b>Postal Code of Mailing Address:</b>	3095	
<b>Country of Mailing Address:</b>	AU	
<b>Phone:</b>		
<b>Fax:</b>		
<b>E-mail:</b>		

Inventor 2:

**Applicant Authority Type:** Inventor  
**Citizenship:** AU  
**Given Name:** Brett  
**Family Name:** HAMILTON  
**City of Residence:** Warranwood Tooradin  
**Country of Residence:** AU  
**Address-1 of Mailing Address:** 16 Bentley Court 23 Mickle Street  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Warranwood, Tooradin, Victoria  
**State of Mailing Address:**  
**Postal Code of Mailing Address:** 3134 3980  
**Country of Mailing Address:** AU  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 3:

**Applicant Authority Type:** Inventor  
**Citizenship:** AU  
**Given Name:** David  
**Family Name:** BERRY  
**City of Residence:** Ringwood North Ringwood  
**State of Residence:**  
**Country of Residence:** AU  
**Address-1 of Mailing Address:** 7 Burceock Avenue 3 Bebington Close  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Ringwood, North Ringwood, Victoria  
**State of Mailing Address:**  
**Postal Code of Mailing Address:** 3134  
**Country of Mailing Address:** AU  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 4:

**Applicant Authority Type:** Inventor  
**Citizenship:** AU  
**Given Name:** Michael  
**Family Name:** KERR  
**City of Residence:** Ivanhoe  
**State of Residence:**  
**Country of Residence:** AU  
**Address-1 of Mailing Address:** 83 Locksley Road  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Ivanhoe, Victoria  
**State of Mailing Address:**  
**Postal Code of Mailing Address:** 3079  
**Country of Mailing Address:** AU  
**Phone:**  
**Fax:**  
**E-mail:**

Attorney Information:

Name	Registration Number
David P. Utykanski	39,052

Assignee 1:

**Organization Name:** RESEARCH SURGICAL PTY LTD  
**Address-1 of Mailing Address:** C/-Hindson Hislop & Co.  
**Address-2 of Mailing Address:** Suite 3, 143 Main Street  
**City of Mailing Address:** Greensborough, Victoria  
**State of Mailing Address:**  
**Postal Code of Mailing Address:** 3088  
**Country of Mailing Address:** AU  
**Phone:**  
**Fax:**  
**E-mail:**